

**APPLICATION TO RENEW INDIVIDUAL INSURANCE ADJUSTER (AJ)
OR PUBLIC INSURANCE ADJUSTER (PJ) LICENSE**
LIC 448-29C (7/2008)

Name: _____ License Expiration Date: May / 31 / _____
Last Name First Middle Month Day Year

Insurance License Number: _____ SSN Number: _____

Check license type you are renewing:

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Adjuster (AJ) *
Per Qualified Manager | \$241 | <input type="checkbox"/> Public Adjuster (PJ) ** | \$204 |
| <input type="checkbox"/> Branch Office Certificate (ea) | \$48 | <input type="checkbox"/> Branch Office Certificate (ea) | \$41 |

*If an active Insurance Adjuster qualification exists, submit with this application, the Qualified Manager list, the Branch Office list (if applicable), and a list of your employees acting as adjusters. Provide full names and social security numbers. Fees, all lists, and signed renewal application certification must be postmarked within 30 days after date shown. If postmarked after that date, the following delinquent fees are also due: Adjuster \$61; Adjuster Branch Office Certificate \$39. The application to renew an expired AJ license or branch office may be filed up to five years from the date your license expires.

**If an active Public Insurance Adjuster qualification exists, fees, and signed renewal certification and Branch Office Certificate (if applicable) must be postmarked within 30 days after date shown. If postmarked after that date, the following delinquent fees are also due: Public Insurance Adjuster \$52; Public Insurance Adjuster Branch Office Certificate \$30. The application to renew an expired PJ license or branch office certificate may be filed up to one year from the date your license expires.

RENEWAL APPLICATION CERTIFICATIONS

1. Have you been the subject of any administrative disciplinary action since your last previous application or renewal? ☐ Yes ☐ No.
2. Have you been convicted of a crime since your last previous application or renewal? ☐ Yes ☐ No

“Crime” includes a felony, a misdemeanor or a military offense. “Convicted” includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court. You should answer “yes” if you have been convicted of a felony or a misdemeanor including driving offenses such as, but not limited to, reckless driving, driving under the influence and driving with a suspended license, whether or not you spent any time in jail, and whether or not you believe the conviction has been removed from your record.

IMPORTANT NOTICE: If you have answered “Yes” to 1 or 2, attach a detailed statement, signed by you (original signature), of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, **CERTIFIED BY THE COURT**, of the Criminal Complaint and Minute Order showing the final plea, judgement and sentence. If you have had a change in background information pursuant to CIC 1729.2 and this information has already been submitted to the Department, you must attach a signed statement indicating the date submitted.

APPLICANT’S CERTIFICATIONS:

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have read the forgoing renewal application and certifications and know the contents thereof and that each statement therein made is full, true and correct. Pursuant to Insurance Code Sections 1703 and 1733, I authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license. I understand that any changes in background information (per CIC 1729.2) must be filed within 30 days or my license can be subjected to disciplinary action. I certify that I am in compliance with the background information reporting requirements of CIC 1729.2.

3. ► _____ (_____) - _____
SIGNATURE Date City/State Telephone
4. _____
Print name Qualified Manager (AJ only) E-mail address

Address changes can be filed online at www.insurance.ca.gov under Online Services or mailed to: California Department of Insurance, 320 Capitol Mall Sacramento, CA 95814-4309 or Faxed to: (916) 327-6907 or E-mail CDI at: <https://interactive.web.insurance.ca.gov/pli/servlet/InformationRequest>.

For a change of name, attach a signed and dated statement requesting name change and attach copy of any name change document(s). You will be notified if there are any further requirements. For business entity name change questions contact our Adjuster Unit at 916-492-3085.

Make check payable to: CALIFORNIA DEPARTMENT OF INSURANCE,
Mail to: P.O. Box 311, Sacramento, CA 95812-0311.
Information: (916) 322-3085.